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April 23, 2009

FACSIMILE COVER SHEET

Page 1 of 31

TO: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	RE: Application No. 10/542,451 Filed: July 15, 2005
TELEPHONE: (571) 270-3646 Examiner: Yogesh P. Patel	FACSIMILE: (571) 273-8300

MESSAGE

The following documents are submitted with this Cover Sheet:

Request for Continued Examination (RCE) Transmittal
Amendment Pursuant to 37 C.F.R. §1.114
Information Disclosure Statement
(with one PTO-1449 Form and a copy of FR 2,618,357)
Transmittal Sheet

CONFIDENTIALITY NOTE:

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PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION

Attorney's Reference: MICROM19.D09

In re the Application of: Hubert EUVRARD, ET AL.

Application No.: 10/542,451

Filed: July 15, 2005

For: IMPROVEMENT TO DENTAL POWER INSTRUMENTS, SUCH AS
ENDODONTIC INSTRUMENTS, AND CONTRA-ANGLE HANDPIECEMail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.
- [X] A "Request for Continued Examination (RCE) Transmittal" is enclosed. Also enclosed is the fee (\$405.00) required for filing this Request under 37 C.F.R. §1.17(e).
- [X] An Information Disclosure Statement is enclosed. Also enclosed is one (1) PTO-1449 Form and a copy of FR 2,618,357.
- [X] No additional fee for claims is required.

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
	CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE		ADDITIONAL FEE
TOTAL	9	MINUS 20	= 0	x 26 = \$		x 52 = \$
INDEPENDENT	1	MINUS 3	= 0	x 110 = \$		x 220 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ 195 = \$		+ 390 = \$
				TOTAL = \$	OR	TOTAL = \$

- [X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

[X] first - \$ 65.00

[] second - \$245.00

[] third - \$555.00

[] fourth - \$865.00

month after time period set

Other than Small Entity

Response filed within:

[] first - \$ 130.00

[] second - \$ 490.00

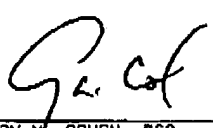
[] third - \$1,110.00

[] fourth - \$1,730.00

month after time period set

- [X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 470.00.
- [] A check in the amount of \$ _____ is attached.
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405.
- [X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- [X] Any patent application processing fees under 37 C.F.R. §1.17.

April 23, 2009
(date)


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